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NOTE: This agreement must be signed by the nominee for all **non-government** training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in Section G below shall be construed as limiting the authority of an agency to waive, **in whole or in part**, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

Section G--EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE

- 1. I AGREE that, upon completion of the Government-sponsored training described in this request, if I receive salary covering the training period, I will serve in the agency three times the length of the training period. If I receive no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week). NOTE: For the purposes of this agreement, the term "agency" refers to the employing organization (such as an Executive Department or independent establishment), not to a segment of such an organization.
- 2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for the tuition and related fees, travel and other special expenses (EXCLUDING SALARY) paid in connection with my training. These amounts are reflected in item 21 and 22.
- 3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item 1 above, I will give my organization written notice of at least ten work days, during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the amount of additional expense (5 U.S.C. 4109(a)(2)) incurred by the Government in this training.
- I understand that any amounts which may be due the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
- I FURTHER AGREE to obtain approval from my organization training officer and that person 5. responsible for authorizing non-government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
- I acknowledge that this agreement does not in any way commit the Government to continue my 6. employment. I understand that, if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements in items 1,2, and 3 of this section will remain in effect until I have completed my obligated service with that other agency or organization.

31. Period of obligated service	
(For non-government training only)	
32. Employee's signature	Date
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4. Home address (Number	, street, city, State	e, ZIP coa	e)					5. Home t		Number		0. FC		vel (Mark (X) supervisory		. Manag	er
								/ " 0		Trumbo.			b. Supe			. Execut	
7. Organization mailing ac	ddress (Branch-D	Division/O	ffice/Bure	eau/Agen	cy)			8. Office t	eleph	one			ontinuous vilian ser		10. Nu	ımber of	prior
								Area code	9	Number Ext	ension		Years	Months		n-gover	
11a. Position title/function	capp					ant handi- ed or disable astructions)	ed	12. Pay p	lan/se	ries/grade/step		13. T	ype of a	opointment	14. Ed	ucation	evel
>					Sec	tion B - ⁻	TRAIN	ING CO	URS	SE DATA							⋖
15a. Name and mailing ad								TOD. LUCA	auon o	f training site (<i>If same</i>	е, так оо						
17. Catalog/Course No.	18. Training pe	eriod (6 da	igits)	06	19. No	o. of course	hours (4	digits)	07	20. Training codes	(See instru	ctions)					
		Year	Month	Day	a. Dur	ring duty						Code	е			Code	
	a. Start				b. Nor					a. Purpose			08	c. Source			10
	b. Complete	1111111			c. TO		<u> </u>	TION D		b. Type	-111		09	d. Special ir	terest		11
	Sec	tion C	1			S (Month/da		TION D	AIA	23. Actual cou			inee)	24. Academ		_	
	is form with a men circumstances nded	no	Month	n Da	ay	Year	Month	Day	Ye	ar							
						OF EVAL									Ra	ating	
	ppropriate co	olumn to	o indica	ate you	r eval	uation of	items 2	6 through	h 37.	Do not attempt	to split d	a rati	ing)	A		В	С
Stated objective accomplished	Α	=Yes				B =Partial	lly			C =No							
27. Coverage of subject matter	А	=Excelle	ent			B =Suffici	ient			C =Poor							
28. Organization of subject matter	A	=Well o	rganized	!		B =Adequ	uate			C =Poorly organize	d						
29. Suitability of instructional materia	als A	=Excelle	ent			B =Adequ	uate			C =Poor							
30. Level of difficulty	А	=Too ad	dvanced			B =Appro	priate			C =Too elemetary							
31. length of course	А	=Too lo	ng			B =Appro		C =Too short									
32. Amount of outside or evening work	А	=Too m	iuch			B =Appro		C =Insufficient									
33. Effectiveness of instructors	A	=Excelle	ent			B =Good				C =Poor							
34. Applicability of subject matter to the job	ect A	=Signifi	cant			B =Adequ	uate			C =Insignificant							
35. Facilities	А	=Excelle	ent			B =Good				C =Poor							
36. Recommendation to colleagues	A	=Highly	recomm	nend		B =Recon	mmend			C =Not recommend	led						
37. Meet career development plans	А	=Yes				B =No				C =Not applicable							

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Section C - TERMINATI	ON AND EVALUATION L	ATA (To be completed by Trainee) - Continued	
38. Comments on strong points of course			
39. Comments on weak points of course			
40. What were your objectives in taking this course? Were the	ey met?		
41. Do you recommend this program for others? If so, whom?	1		
,,,,,,,,,,,,			
42. Additional comments			
42. Additional comments			
43. Signature of trainee			Date
43. Signature of trainee			Date
	RY COMMENTS (To be co	ompleted by employee's immediate supervisor)	Date
Section D - SUPERVISOR 44. Have you discussed this course and its	RY COMMENTS (To be co	ompleted by employee's immediate supervisor)	Date
Section D - SUPERVISOR			Date
Section D - SUPERVISOR 44. Have you discussed this course and its application to the job with this employee?	a. Yes b.	ompleted by employee's immediate supervisor)	Date
Section D - SUPERVISOR 44. Have you discussed this course and its	a. Yes b.		Date
Section D - SUPERVISOR 44. Have you discussed this course and its application to the job with this employee?	a. Yes b.		Date
Section D - SUPERVISOR 44. Have you discussed this course and its application to the job with this employee?	a. Yes b.		Date
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Section D - SUPERVISOR 44. Have you discussed this course and its application to the job with this employee?	a. Yes b.		Date
Section D - SUPERVISOR 44. Have you discussed this course and its application to the job with this employee? 45. What were your objectives in having employee attend course.	a. Yes b.		Date
Section D - SUPERVISOR 44. Have you discussed this course and its application to the job with this employee?	a. Yes b.		Date
Section D - SUPERVISOR 44. Have you discussed this course and its application to the job with this employee? 45. What were your objectives in having employee attend course.	a. Yes b.		Date
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Section D - SUPERVISOI 44. Have you discussed this course and its application to the job with this employee? 45. What were your objectives in having employee attend course the course of the training achieved?	a. Yes b.		Date
Section D - SUPERVISOI 44. Have you discussed this course and its application to the job with this employee? 45. What were your objectives in having employee attend course the course of the training achieved?	a. Yes b.		Date
Section D - SUPERVISOI 44. Have you discussed this course and its application to the job with this employee? 45. What were your objectives in having employee attend course the course of the training achieved?	a. Yes b.		Date
Section D - SUPERVISOI 44. Have you discussed this course and its application to the job with this employee? 45. What were your objectives in having employee attend course the course of the training achieved?	a. Yes b.		Date
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Section D - SUPERVISOI 44. Have you discussed this course and its application to the job with this employee? 45. What were your objectives in having employee attend course the course of the training achieved?	a. Yes b.		Date
Section D - SUPERVISOI 44. Have you discussed this course and its application to the job with this employee? 45. What were your objectives in having employee attend course the course of the training achieved?	a. Yes b.		Date
Section D - SUPERVISOR 44. Have you discussed this course and its application to the job with this employee? 45. What were your objectives in having employee attend course and the second section of the training achieved? 46. Were the objectives of the training achieved? 47. Additional comments	a. Yes b.	No No	Date

GENERAL INSTRUCTIONS - Prepare this request in accordance with instructions included on form and indicated below.

Complete Sections A, B, C, D26, D27, and G32 (reverse of copy 1) and submit to appropriate Agency Training Office within the specified lead time for processing. Copy 10 is for your files.

SPECIFIC INSTRUCTIONS

➤ Section A - TRAINEE INFORMATION

- Item 1 After filling in the trainee's full name, enter the first five letters of the last name in the shaded box.
- Item 2 Use 9 digits for the Social Security Number.
- Item 3 Enter year and month of birth (e.g., if the trainee's birth date is January 14, 1943, it would appear as 43/01).
- Item 4-8 Self-explanatory/follow agency instructions.
- Item 9 Enter number of years and months of continuous civilian Government service
- Item 10 To be filled in by nominating Agency Training Office.
- Item 11a Self-explanatory. (If additional space is necessary to describe duties and responsibilities, attach separate sheet.)
- Item 11b If the applicant is disabled or handicapped and in need of special arrangements. (Brailing, taping, interpreters, facility accessibility, etc.) describe the special arrangements on a separate sheet and attach to the Vendor Copy (copy 3). NOTE: The applicant is not required to furnish this information. His/her signature on the descriptive sheet indicates agreement to release it to training vendors.
- Item 12 Self-explanatory.
- Item 13 Career Conditional (C.C.), Career (C), Temporary (Temp.), etc.
- Item 14 Follow agency instructions.

➤ Section B - TRAINING COURSE DATA

- **Item 15-17** Self-explanatory. (Item 16 if additional space is necessary, attach separate sheet.)
- **Item 18** Enter the year, month, and day the course begins and ends (e.g., a course starting June 15, 1973, and ending December 15, 1973, would be entered as 73/06/15 and 73/12/15).
- **Item 19** The number of course hours can be determined by multiplying the number of hours attended per week by the number of weeks of the course or semester.
- Item 20 Select an appropriate code for each item listed below and enter in code boxes on form.

➤ Section C - ESTIMATED COSTS AND BILLING INFORMATION

- ITEMS 21, 22 Follow agency instructions.
- Item 23 Enter Document/Purchase Order/ Requisition Number for reimbursement of training costs to responsible Training Vendor. This number is to be referenced on the billing document.
- **Item 24** Fill in 8-digit station symbol of the nominating agency finance office which will report the payment on SF-224. Statement of Transactions. If a nominating agency does not report on SF-224 and will issue a check, type "SF-1080" in this block.9

Item 25 - Enter name and mailing address of nominating Agency Finance Office for billing purposes.

➤ Sections C and D - TERMINATION AND EVALUATION DATE - Copy 9

This information will be filled in on copy 9 after training is completed (follow agency instructions).

➤ Section D - APPROVALS

- Items 26, 27 To be completed by applicant's immediate and/or second-line supervisor(s) before submission of form to nominating Agency Training Office as indicated in agency instructions.
- Item 28 To be completed by the nominating Agency Training Officer.

➤ Section E - APPROVAL/CONCURRENCE

- Item 29 To be completed by the nominating Agency Official who is authorized to approve or disapprove request.
- **NOTE:** Approving officials may authorize training in non-government facilities only after determining that adequate training is not reasonably available within Government.

➤ Section F - CERTIFICATION OF TRAINING COMPLETION

Item 30 - To be completed by nominating Agency Certifying Official.

➤ Section G - EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE (NON-GOVERNMENT TRAINING) Copy 1 - Reverse side

The applicant must read and understand the statements contained in the agreement. If there are any questions concerning this section, please contact the nominating Agency Training Office.

- Item 31 To be completed by nominating Training Office.
- **Item 32** To be signed and dated by employee nominated for non-government Training.
- ➤ Section G FINANCE Copy 7 only
 - Items 31, 32 To be filled in by the nominating Agency Finance Office.

➤ Section H - TRAINING VENDOR - Copies 5 and 6 only

Instructions on reverse of copy 3.

➤ Section I

- Copy 5 Mailing address of Nominating Agency.
- Copy 6 Mailing address of employee.
- To be filled in by nominating Agency Training Office. Name and address to be stamped on copy 5.

CODES FOR ITEM 20 (See 1-part form for code definitions)

➤ A. PURPOSE

- 1 Mission or program change
- 2 New technology
- 3 New work assignment4 Improve present performance
- 5 Meet future staffing needs
- Meet future staffing needsDevelop unavailable skills
- 7 Trade or craft apprenticeship
- 8 Orientation
- 9 Adult basic education

➤ B. TYPE

- 1 Executive and Management
- 2 Supervisory
- 3 Legal, Medical, Scientific, or Engineering
- 4 Administration and analysis
- 5 Specialty and Technical
- 6 Clerical
- 7 Trade or craft
- 8 Orientation
- 9 Adult basic education

➤ C. SOURCE

- 1 Government Agency
- 2 Government Interagency
- 3 Non-government Designed for agency
- 4 Non-government Off-shelf
- 5 State or local government

▶ D. SPECIAL INTEREST

- No special program
- 1 Executive development
- 2 Supervision (other codes may be developed follow agency instructions)